
Facility Name: _____

Facility Address: _____

Facility Contact Email: _____

Facility License Number: _____

Facility Training Representative, Name: _____

Facility Training Representative, EMail: _____

Facility Training Representative, Phone Number: _____

Facility Training Website Address: _____

FACILITY INSTRUCTOR INFORMATION

Instructor's Teaching Application (Please Attach)

Letters of Recommendation (3) (Please Attach)

Instructor's Resume (Please Attach)

Third Party Course Information (If Applicable)

Government Agency: _____

University or College (Accredited): _____

Training Company or Organization: _____

Name of Course or Program: _____

Type of Proof of Completion (Certificate, etc.): _____

Web Address of Course or Program (If on-line): _____

Training System Access: _____

Course or Program Syllabus (Please Attach)

Third Party Course Information

Organization:

Name _____
Address _____
Email _____

Representative:

Name _____
Address _____
Email _____
Phone _____

Certification of Required Course Elements: HCQC Course Number

Sample Sign-In Sheet (Please Attach)

Dates of Course or Program
Participants' Name and Signature

Sample Evaluation Form (Please Attach)

Content of Course
Instructor of Course
Manner Course is Presented

Sample Student Self-Evaluation (Please Attach)